



CHAIN OF CUSTODY FORM

Alaska State Public Health Laboratories
5455 Dr Martin Luther King Jr Ave
Anchorage, AK 99507
907-334-2100

Prior to submitting an evidence sample to the Alaska State Public Health Laboratories, Anchorage facility (ASPHL) for laboratory testing, please provide the information below.

- For biological or chemical threat agents, please notify the FBI Weapons of Mass Destruction Special Agent (907-276-4441) and discuss threat assessment and evidence sample collection. The sample *must* be cleared by FBI before delivery to ASPHL.
- For biological or chemical threat agents, report incident to State Emergency Operations Center (SEOC, 907-428-7100) and obtain SEOC number. Discuss incident for medical threat assessment with State of Alaska Section of Epidemiology (907-269-8000 or after business hours 800-478-0084).
- Sample ID or SEOC #: _____

Hazard Pre-screening: ASPHL cannot safely process explosives or radiological agents. For biological or chemical threat samples, indicate below all pre-screening completed, including method and result, prior to delivery to ASPHL.

CBRNE Pre-Screening	Result	Method
Chemical		
Biological		
Radiological		
Nuclear		
Explosive		
Other		

No pre-screening performed

Sample identifier assigned by collector: _____

Sample description: _____

Collection site: _____

Collected by (name and institution): _____

Collection date: _____ Time of collection (24 hour clock): _____

Testing requested: indicate suspected agent based on case information, or indicate UNKNOWN:



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Transfer evidence sample from outside agency to ASPHL for testing:

(If entity is shipping specimen, include tracking number of shipment)

Agency sample ID or SEOC #: _____

Received from: _____
Print Name/Signature Institution

Received by: _____
Print Name/Signature *ASPHL* Institution

Date: _____ Time: _____

ASPHL internal transfer:

Received from: _____
Print Name/Signature *ASPHL* Institution

Received by: _____
Print Name/Signature *ASPHL* Institution

Date: _____ Time: _____

ASPHL internal transfer:

Received from: _____
Print Name/Signature *ASPHL* Institution

Received by: _____
Print Name/Signature *ASPHL* Institution

Date: _____ Time: _____

Final disposition (circle one): External transfer / Destroyed by: _____

Transfer – received from: _____
Print Name/Signature *ASPHL* Institution

Transfer – received by: _____
Print Name/Signature Institution

Destruction method: _____

Date: _____ Time: _____